

Malnutrition associated with head and neck cancers

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ABSTRACT

Cancerous patients, under the chemotherapy or radiotherapy, are at high risk of malnutrition due to the associated complications with the treatment procedures such as chewing problems, dysphagia, nausea etc. Considering the patients' history of alcohol consumption, smoking or any other diseases and performing several physical examinations are essential in early identification of high-risk patients for nutritional complications, losing unintentional weight and fat free mass. In this review, we tried to briefly explain the risk of malnutrition in patients with head and neck cancers who are undergoing surgery, chemotherapy and radiotherapy. Oral nutrition, nasogastric tube and percutaneous endoscopic gastrostomy are different methods of nutritional interventions, which have been compared due to their efficacy in maintaining the patients' weight. In this study, we reviewed the results obtained in clinical trials about the efficacy of intense nutritional intervention on limiting the chemoradiotherapy-associated complications in patients with head and neck cancers.

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Introduction

The risk of malnutrition threatens the life of cancerous patients because it leads to the increased rate of different infections, requirements of further intense care, cost and hospitalization, decreased immunity, delayed wound healing, quality of life and physical functions, disruption of the treatments, increased morbidity and mortality of the patients (1,2). Malnutrition is diagnosed by more than 10% decrease in body weight, which is associated with muscles wasting. Nutritional depletion is known as one of the major consequences of the head and neck squamous cell cancers (HNSCC) mostly involves the oral cavity, oropharynx, hypopharynx and larynx. Xerostomia, dysgeusia, dysphagia and chewing problems, mucositis and nausea, unexplained weight loss are common symptoms in patients with head and neck cancers, which lead to malnutrition. Not only the disease itself affects the

digestive function and the nutritional status but also the treatment procedures including surgery, radiotherapy and chemotherapy negatively have the same effects (3). In situations such as constant consumption of alcohol or for heavy smokers, alcohol metabolite and tobacco are the risk factors of head and neck cancers that exacerbate the occurrence of nutrition deficiency. Based on the reported data, malnutrition occurred in almost 3-52% of the patients before the beginning of the chemoradiation therapies, which will be extended to 44-88% of the patients under the treatment procedures (4). This wide range of malnutrition prevalence rate is the consequent of the different sites of the tumor occurrence, the stage of the cancer, the severity of the conducted therapies and several definition of the malnutrition that can be diagnosed (5). Because nutrition deficiency cannot be diagnosed only based on

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